



TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control
1100 West 49th Street
Austin, Texas 78756-3189
BUSINESS INFORMATION FORM

Business/Company Name: _____

Doing business as: _____

Physical Business Location: _____
Street _____

City _____ State _____ Zip Code _____

Business Telephone No.: () _____

Billing Address (if different from Physical Business Location): _____
Street _____

City _____ State _____ Zip Code _____

Telephone No. (if different from above): () _____

CERTIFICATION OF FINANCIAL QUALIFICATION (25 TAC 289.252(ii)(8)): Check the applicable block(s) and comply.

- ' The applicant is not required by 25 TAC 289.252(gg) to provide financial assurance and in accordance with 25 TAC 289.252(ii)(8)(A) attests that the applicant is financially qualified to conduct the activity requested for licensure.
- ' The applicant is required by 25 TAC 289.252(gg) to provide financial assurance. In accordance with the provisions of 25 TAC 289.252(ii)(8)(B), one of the following **is submitted**:
 - ' the bonding company report (or equivalent) that was used to obtain the financial assurance instrument;
 - ' SEC documentation (if the applicant is a publicly-held company); or
 - ' a self-test (annual audit or business plan).
- ' The applicant is required by 25 TAC 289.252(gg) to provide financial assurance. In accordance with the provisions of 25 TAC 289.252(ii)(8)(B), the following **is declared**:
 - ' Standard Industry Classification Code _____ Current Assets _____ Current Liabilities _____
- ' The applicant is a state or local government entity.

Print Name: _____ Title: _____

Signature*: _____ Date: _____

***This form must be signed by the applicant or person duly authorized to act for and on behalf of the applicant.**

(Continue on the reverse side of this form)
(See bottom of reverse side of this form for Privacy Notification)

DETAILED BUSINESS INFORMATION

BUSINESS/COMPANY NAME: _____

Complete the section below appropriate to your business. For example, if there are more than two partners in your partnership, information concerning other partners should be included on additional sheets as needed.

IF A CORPORATION:

Federal Employer I.D.: _____

President: _____ Driver's License: _____
Number State

Vice President: _____ Driver's License: _____
Number State

Secretary/Treasurer: _____ Driver's License: _____
Number State

Registered Agent: _____

IF A PARTNERSHIP*:

Type of Partnership: _____ Federal Employer I.D.: _____

Name of Partner: _____ Driver's License: _____
Number State

Name of Partner: _____ Driver's License: _____
Number State

IF NONE OF THE ABOVE*:

Legally Responsible Person: _____

Federal Employer I.D.: _____ Driver's License: _____
Number State

** Also provide the above information - including business addresses - on all persons having 10% or greater financial interest in the company.*

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).